

Town of Three Lakes

Plan Commission Application

PO Box 565
6965 West School Street
Three Lakes, WI 54562
(715) 546-3316

Official Use

Date received:

Date:

Last Name:

First Name:

Address:

Phone Number(s):

Email:

List professional, trade, business or civic activities and offices held:

What education or special training do you have which you feel particularly fits you for the appointment to this position?

What work or other experience do you have which will be beneficial in carrying out the responsibilities of this position?

Signature of Applicant:

Date: